## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22   | IND.   | FILED  DEP.  \(\) \(\) \(\) \(\) \(\) \(\) \(\) \( | Ist AMI     | DEP.         | 2nd AME<br>IND. | DEP.      |
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| 3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21      |  |  |             |              |                 |           |
| 4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21           |  | 1            |             |              |                 |           |
| 5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21                |  | 1  |             |              |                 |           |
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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